Attorney Docket No. 17592 (AP)

COMBINED DECLARATION & POWER OF ATTORNEY - U.S.A Application

As a below named inventor, I hereby declare that:

My residence post office address and citizenship are as stated below next to my name.

I believe I am the original first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **METHOD AND COMPOSITION FOR TREATING ACNE** the specification of which

(check one)	[X] []	is attached hereto was filed on	as US A _l	pplication Serial Number	·
I hereby state the by any amendr			d the contents of the	e above identified specific	ation, including the claims, as amended
priority benefit PCT Internation below any fore	s under 3: nal applic ign applic	5 U.S.C. 119(a)-(d) or 3 ation which designated	65(b) of any foreigr at least one country	n application(s) for patent of other than the United State	in 37 CFR 1.56. I hereby claim foreign or inventor's certificate, or 365(a) of any es, listed below and have also identified ion having a filing date before that of the
NONE					
Prior Foreign Application(s)					Priority Not Claimed
(N	lumber)	(Co	untry)	(Day/Month/Year Filed)	
I hereby claim	the benef	it under 35 U.S.C. 119(e) of any United St	ates provisional application	on(s) listed below.
NONE					
		(Application	Number)	(Filing Date)	
designation the the prior Unite the duty to disc	United S d States or lose infor	tates, listed below and, i PCT International appl mation which is materia	nsofar as the subject ication in the manno I to patentability as	t matter of each of the clair er provided by the first par	e) of any PCT International application ms of this application is not disclosed in agraph of 35 U.S.C, 112, I acknowledge nich became available between the filing ion.
NONE					
(Appl	lication N	umber)	(Filing Date)) (Status	-patented, pending, abandoned)

I hereby appoint BRENT A. JOHNSON, Registration No. 51,851 (to whom all communications are to be directed), at Allergan, Inc. (T2-7H), 2525 Dupont Drive, Irvine, CA. 92612, telephone number (714) 246-4348, facsimile number (714) 246-4249, and the below-named persons (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, with full power to appoint associate attorneys:

Name	Registration No.		
Martin A. Voet	25,208		
Robert J. Baran	25,806		
Stephen Donovan	33,433		
Carlos A. Fisher	36,510		

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR:	•							
First Name:	Initial	Last Name						
BRENT	A.	JOHNSON						
RESIDENCE & CITIZENSHIP								
City	State or Foreign Country	Country Of Citizenship						
RANCHO SANTA MARGARITA	CALIFORNIA	U.S.A.						
POST OFFICE ADDRESS								
Post Office Address	City	State or Country	Zip Code					
139 MONTANA DEL LAGO	RANCHO SANTA MARGARITA	CALIFORNIA	92688					
SIGNATURE OF INVENTOR		DATE:						
Deut Johnson		1/23/03						
								
FULL NAME OF INVENTOR:	T							
First Name:	Initial	Last Name						
RESIDENCE & CITIZENSHIP								
City	State or Foreign Country	Country of Citizenship						
POST OFFICE ADDRESS								
Post Office Address	City	State or Country	Zip Code					
SIGNATURE OF INVENTOR		DATE:						
<u> </u>								
FULL NAME OF INVENTOR:								
First Name:	Initial	Last Name						
RESIDENCE & CITIZENSHIP								
City	State or Foreign Country	Country of Citizenship	Country of Citizenship					
POST OFFICE ADDRESS								
Post Office Address	City	State or Country	Zip Code					
SIGNATURE OF INVENTOR		DA TOPE						
SIGNATURE OF INVENTOR		DATE:						